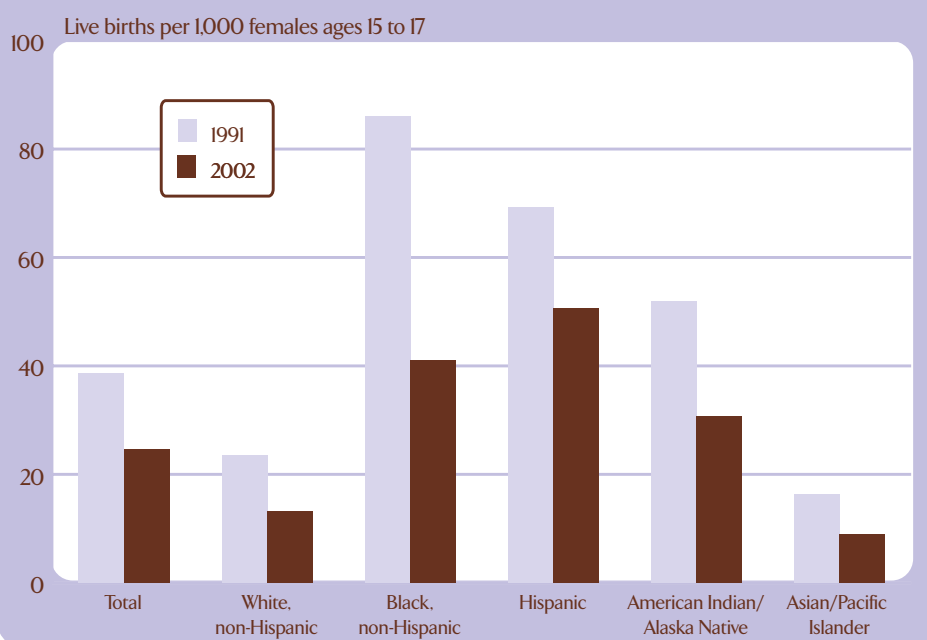


Health indicators

The health of the Nation's children continues to improve in many areas, such as lower birth rates for adolescents and expanded vaccine coverage. However, increases in overweight, infant mortality, and low birthweight represent major challenges.

Birth rates for adolescents have dropped steadily since 1991, reaching a record low of 23 births per 1,000 females ages 15 to 17 in 2002. The 2002 rate is two-fifths lower than the peak in 1991 (Figure 5). The steepest decline has been among Black, non-Hispanic adolescents who experienced a decline of more than half between 1991 and 2002 (from 86 to 41 per 1,000, respectively). Declining adolescent birth rates are a direct result of declining adolescent pregnancy rates as evidenced by decreases in not only live births, but in induced abortions and fetal losses as well.⁷

FIGURE 5 Birth rates for females ages 15 to 17 by race and Hispanic origin, 1991 and 2002



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System.

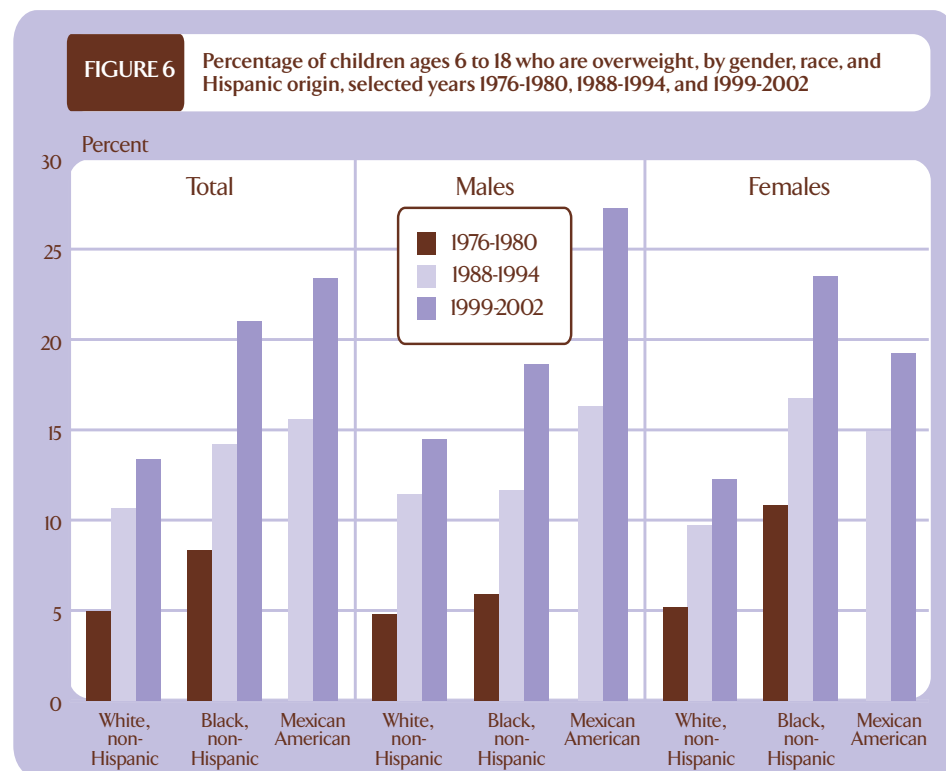
The introductions of two newly developed vaccines also mark improvements in the health of children ages 19 to 35 months. In the 1990s, the varicella (chicken pox) vaccine became available and throughout the decade its usage increased. In 2002, varicella vaccine coverage reached an all-time high of 81 percent. Coverage for the Hepatitis B vaccine, which became part of the recommended series for all infants in 1991, also increased through the 1990s and was at 90 percent in 2002. Coverage for the recommended combined series of four key vaccines was at 78 percent in 2002.⁸ Coverage for the combined series has varied between 76 percent and 78 percent since 1998, when it reached a high of 79 percent.

In contrast to these improvements, the prevalence of overweight among U.S. children has increased sharply. In 1976–1980, only 6 percent of children were overweight. By 1988–1994,

⁷ Ventura, S.J., Abma, J.C., Mosher, W.D., and Henshaw, S. (2003). Revised pregnancy rates, 1990–97, and new rates for 1998–99: United States. *National Vital Statistics Reports*, 52 (7). Hyattsville, MD: National Center for Health Statistics.

⁸ Vaccinations included in the combined series are diphtheria, tetanus toxoids, and pertussis vaccine [DTP], polio, measles, and *Haemophilus influenzae type b* (Hib). The recommended immunization schedule for children is available at <http://www.cdc.gov/nip/recs/child-schedule.pdf>.

this proportion had risen to 11 percent, and continued to rise to 16 percent in 1999-2002 (Figure 6). Black, non-Hispanic girls and Mexican American boys are at particularly high risk of being overweight. In 1999-2002, 23 percent of Black, non-Hispanic girls and 27 percent of Mexican American boys were overweight.



NOTE: Data for Mexican American children are not available from 1976-80 due to small sample sizes. Oversampling of Mexican Americans provided estimates for 1988-1994 and 1999-2002. Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. BMI is calculated as weight in kilograms divided by the square of height in meters.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health and Nutrition Examination Survey.

While still near its record low, infant mortality increased for the first time in decades in 2002. The 2002 preliminary infant mortality rate was 7.0 infant deaths per 1,000 live births, up from a rate of 6.8 in 2001. Preliminary analyses attribute the increase to deaths among neonates (infants less than 28 days old), particularly infants who died within the first week of life.⁹ Whereas the infant mortality rate increased in 2002, the perinatal mortality rate (late fetal deaths plus early neonatal deaths per 1,000 live births plus fetal deaths) remained stable. More detailed information will become available later in 2004, when linked birth and death records are analyzed.

One of the most important risk factors for infant mortality is low birthweight (about 5.5 lbs.). Low birthweight rose to 7.8 percent in 2002 compared with 7.7 percent in 2001 and 7.0 percent in 1990, continuing a slow, but steady two-decade increase.¹⁰ At 13.4 percent, the rate of low birthweight among Black, non-Hispanic infants continued to exceed the rate for any other racial or ethnic group. Growth in multiple births (largely due to increasing use of fertility treatments) partially explains the low birthweight increase, but low birthweight also increased among singleton infants.

⁹ Kochanek, K.D., Martin, J.A. (2004). Supplemental Analyses of Recent Trends in Infant Mortality. National Center for Health Statistics. Health E-stat. Available at: <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/infantmort/infantmort.htm>.

¹⁰ Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Munson, M.L. (2003). Births: Final Data for 2002. *National Vital Statistics Reports*, 52 (10). Hyattsville, MD: National Center for Health Statistics.